




# TRAVEL EXPENSE CLAIM

STD. 262 (REV 10/92)

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CLAIMANT'S NAME Tom Sheehy			SSAN OR EMPLOYEE NUMBER* 5882			DEPARTMENT State and Consumer Services Agency		
POSITION Undersecretary		CB/D NUMBER Exempt	DIVISION OR BUREAU State and Consumer Services Agency				INDEX NUMBER 1010	
RESIDENCE ADDRESS On file			HEADQUARTERS ADDRESS 915 Capitol Mall, Suite 200				TELEPHONE NUMBER on file	
CITY On file		STATE	ZIP CODE	CITY Sacramento		STATE CA	ZIP CODE 95814	

[illegible]

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 4/14 - travel to Davis to attend DGS fleet auction         		(12) NORMAL WORK HOURS 8:30am to 5:30pm  (13) PRIVATE VEHICLE LICENSE NUMBER On file  (14) MILEAGE RATE CLAIMED .50 cents  <div style="background-color: #cccccc; text-align: center;">             AGENCY ACCOUNTING OFFICE              USE ONLY         </div> PAID REVOLVING FUND CHECK NUMBER	
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.			
CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
	5/4/2010		
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES		(See Item 17 on reverse)	
		DATE	